

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION**

In re:

ABENGOA BIOENERGY US HOLDING, LLC,
et al.,

Debtors.

Chapter 11

Case No. 16-41161-659

(Jointly Administered)

MEMORANDUM TO THE COURT

The Amended Schedule E/F for Abengoa Bioenergy Trading US, LLC (16-41167) includes the following amendments:

- Claim of Abengoa Bioenergy of Illinois, LLC is Contingent, Unliquidated, and Disputed and in the amount of \$581,555.29.
- Claim of Abengoa Bioenergy of Indiana, LLC is Contingent, Unliquidated, and Disputed and in the amount of \$652,687.97.

The Amended Summary of Assets and Liabilities for Abengoa Bioenergy Trading US, LLC (16-41167) incorporates the above-referenced amendments.

Dated: May 26, 2017
St. Louis, Missouri

Respectfully submitted,
ARMSTRONG TEASDALE LLP

/s/ Richard W. Engel, Jr.
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Local Counsel to the Debtors and Debtors in Possession

-and-

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Counsel to the Debtors and Debtors in Possession

Fill in this information to identify the case:

Debtor name Abengoa Bioenergy Trading US, LLCUnited States Bankruptcy Court for the: Eastern District of Missouri
(State)Case number (If known): 16-41167 (KAS) Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 89,396,188.92
+ undetermined amounts**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 89,396,188.92
+ undetermined amounts**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 0.00
+ undetermined amounts**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 0.00
+ undetermined amounts**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+ \$ 30,346,228.70
+ undetermined amounts**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 30,346,228.70
+ undetermined amounts

Fill in this information to identify the case:

Debtor Abengoa Bioenergy Trading US, LLC
 United States Bankruptcy Court for the: Eastern District of Missouri
 (State)
 Case number 16-41167 (KAS)
 (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address ARIZONA DEPARTMENT OF REVENUE 1600 W MONROE ST PHOENIX, AZ 85007	As of the petition filing date, the claim is: \$ _____ Undetermined \$ _____ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred _____	Basis for the claim: Tax Claim	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.2 Priority creditor's name and mailing address COLORADO DEPARTMENT OF LABOR & EMPLOYMENT 633 17TH ST. DENVER, CO 80202-3660	As of the petition filing date, the claim is: \$ _____ Undetermined \$ _____ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred _____	Basis for the claim: Tax Claim	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.3 Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE ATTN: EXECUTIVE DIRECTOR 1375 SHERMAN ST. DENVER, CO 80261	As of the petition filing date, the claim is: \$ _____ Undetermined \$ _____ Undetermined <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred _____	Basis for the claim: Tax Claim	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		

Debtor

Abengoa Bioenergy Trading US, LLC
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Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.4	Priority creditor's name and mailing address DISTRICT OF COLUMBIA - OFFICE OF TAX AND REVENUE 1101 4TH STREET, SW SUITE 270 WEST WASHINGTON, DC 20024	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address DISTRICT OF COLUMBIA DEPARTMENT OF LABOR 200 CONSTITUTION AVE. NW WASHINGTON, DC 20210	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address ILLINOIS DEPARTMENT OF REVENUE 45 EISENHOWER DR STE 220 PARAMUS, NJ 07652	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.7	Priority creditor's name and mailing address ILLINOIS DIRECTOR OF EMPLOYMENT SECURITY ATTN: JEFF MAYS 33 S STATE ST., 9TH FLOOR CHICAGO, IL 60603	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Abengoa Bioenergy Trading US, LLC
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Part 1. Additional Page

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		Total claim	Priority amount
2.8	Priority creditor's name and mailing address INDIANA DEPARTMENT OF REVENUE 100 N SENATE AVE RM N248 INDIANAPOLIS, IN 46204	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address INDIANA DEPT. OF WORKFORCE DEVELOPMENT INDIANA GOVERNMENT CENTER SOUTH 10 NORTH SENATE AVENUE INDIANAPOLIS, IN 46204	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE 1222 SPRUCE STREET ST LOUIS, MO 63103	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.11	Priority creditor's name and mailing address KANSAS DEPARTMENT OF LABOR 1309 SW TOPEKA BLVD TOPEKA, KS 66612	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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		Total claim	Priority amount
2.12	Priority creditor's name and mailing address KANSAS DEPARTMENT OF REVENUE 915 SW HARRISON STREET TOPEKA, KS 66625-8000	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.13	Priority creditor's name and mailing address MARYLAND COMPTROLLER 8181 PROFESSIONAL PL # 101 LANDOVER, MD 20785	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.14	Priority creditor's name and mailing address MARYLAND UNEMPLOYMENT INSURANCE FUND LEGAL SERVICES SECTION ATTN: MARK SORRENTINO 1100 N EUTAW ST, ROOM 401 BALTIMORE, MD 21201	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.15	Priority creditor's name and mailing address MASSACHUSETTS DEPARTMENT OF REVENUE 100 CAMBRIDGE ST STE 500 BOSTON, MA 02114	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		

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		Total claim	Priority amount
2.16	Priority creditor's name and mailing address MISSOURI DEPARTMENT OF REVENUE 301 WEST HIGH STREET JEFFERSON CITY, MO 65105	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.17	Priority creditor's name and mailing address MISSOURI DIVISION OF EMPLOYMENT SECURITY P.O. BOX 59 JEFFERSON CITY, MO 65104-0059	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.18	Priority creditor's name and mailing address NEBRASKA DEPARTMENT OF LABOR 550 S 16TH ST. LINCOLN, NE 68508	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		
2.19	Priority creditor's name and mailing address NEBRASKA DEPARTMENT OF REVENUE PO BOX 98912 LINCOLN, NE 68509-8912	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Is the claim subject to offset? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		
	Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()		

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Abengoa Bioenergy Trading US, LLC
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		Total claim	Priority amount
2.20	Priority creditor's name and mailing address NEW JERSEY DIVISION OF TAXATION BANKRUPTCY SECTION P.O. BOX 245 TRENTON, NJ 08695-0245	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.21	Priority creditor's name and mailing address NEW MEXICO DEPARTMENT OF WORKFORCE SOLUTIONS 401 BROADWAY BLVD NE ALBUQUERQUE, NM 87102	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.22	Priority creditor's name and mailing address NEW MEXICO TAXATION & REVENUE DEPARTMENT 1100 SOUTH ST. FRANCIS DRIVE SANTA FE, NM 87504	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.23	Priority creditor's name and mailing address OREGON DEPARTMENT OF REVENUE 955 CENTER ST NE SALEM, OR 97301	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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		Total claim	Priority amount
2.24	Priority creditor's name and mailing address POSEY COUNTY TREASURER'S OFFICE ATTN: JUSTIN W. WHITE 126 EAST THIRD STREET, ROOM 211 MT. VERNON, IN 47620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$Undetermined
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address ST. LOUIS CITY (CITY TAX) 1200 MARKET ST #410 ST. LOUIS, MO 63103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$Undetermined
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address STATE OF ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY 2444 W LAWRENCE AVE CHICAGO, IL 60625	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$Undetermined
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.27	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 N 1950 W SALT LAKE CITY, UT 84134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$Undetermined
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Part 1. Additional Page

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		Total claim	Priority amount
2.28	Priority creditor's name and mailing address VIRGINIA DEPARTMENT OF REVENUE 1957 WESTMORELAND ST RICHMOND, VA 23230	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address VIRGINIA EMPLOYMENT COMMISSION 703 E MAIN ST RICHMOND, VA 23219	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address WASHINGTON EMPLOYMENT SECURITY DEPARTMENT 212 MAPLE PARK AVE SE OLYMPIA, WA 98501	<u>\$Undetermined</u>	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred Basis for the claim: Tax Claim		
	Last 4 digits of account number Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Abengoa Bioenergy Trading US, LLC
Name _____

Case number (if known) 16-41167 (KAS) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ABENGOA BIOENERGIA OUTSOURCING LLC 16150 MAIN CIRCLE DRIVE, SUITE 300, CHESTERFIELD CHESTERFIELD, MO 63017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Payable</u> Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u>_____</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address ABENGOA BIOENERGIA SA C/ ENERGIA SOLAR N°1, PALMAS ALTAS. 41014 SEVILLA SPAIN	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Payable</u> Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u>_____</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address ABENGOA BIOENERGY ENGINEERING & CONSTRUCTION, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Payable</u> Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u>_____</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address ABENGOA BIOENERGY OF ILLINOIS, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Payable</u> Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u>_____</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address ABENGOA BIOENERGY OF INDIANA, LLC 16150 MAIN CIRCLE DR, SUITE 300 CHESTERFIELD, MO 63017	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Intercompany Payable</u> Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u>_____</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address AEP RIVER OPERATIONS LLC 16150 MAIN CIRCLE DRIVE SUITE 400 CHESTERFIELD, MO 63017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Payable</u> Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <u>_____</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor _____
Name Abengoa Bioenergy Trading US, LLC

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.7	Nonpriority creditor's name and mailing address	<u>\$4,118.91</u>
<p>ASSURANT 811 MAIN ST., 7TH FLOOR KANSAS CITY, MO 64105</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Uncashed Check</p>
<p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	Nonpriority creditor's name and mailing address	<u>\$354.38</u>
<p>ATLAS COMMODITY MARKETS,LLC 4203 MONTROSE BLVD SUITE 650 HOUSTON, TX 77006-5470</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.9	Nonpriority creditor's name and mailing address	<u>\$4,081.50</u>
<p>BLUE OCEAN BROKERAGE LLC 267 FIFTH AVENUE #502 NEW YORK, NY 10016</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.10	Nonpriority creditor's name and mailing address	<u>\$258,410.00</u>
<p>CALIFORNIA FIRST NATIONAL BANK 18201 VON KARMAN AVENUE, SUITE 800 IRVINE, CA 92612</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.11	Nonpriority creditor's name and mailing address	<u>\$22,199,999.81</u>
<p>CARGILL AMERICAS, INC SUITE 800 2525 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
<p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.12	Nonpriority creditor's name and mailing address	<u>\$3,019,299.05</u>
	CARGILL TRADE AND STRUCTURED FINANC 9350 EXCELSIOR BLVD HOPKINS, MN 55343	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address	<u>\$11,146.33</u>
	CQG, INC 1050 17TH STREET, SUITE 2000 DENVER, CO 80265	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address	<u>\$28,125.00</u>
	CZARNIKOW GROUP LTD 24 CHISWELL STREET LONDRES, 0EC1Y-4SG UNITED KINGDOM	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address	<u>\$Undetermined</u>
	EULER HERMES NORTH AMERICA INSURANCE COMPANY ON BEHALF OF HSBC BANK USA, N.A. C/O HALPERIN BATTAGLIA BENZIJA, LLP 40 WALL STREET 37TH FLOOR NEW YORK, NY 10005	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Litigation Claim, Case No. Index No. 650 381/2016</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address	<u>\$12,049.46</u>
	GENERAL ELECTRIC CAPITAL CORP. 201 MERRITT 7 NORWALK, CT 06851	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.17	Nonpriority creditor's name and mailing address GESTIÓN INTEGRAL DE RECURSOS HUMANOS, SA RONDA TAMARGUILLO Nº 29 SEVILLA SPAIN	<u>\$2,542.98</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: Intercompany Payable	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address GREATAMERICA FINANCIAL SERVICES CORPORATION C/O NYEMASTER GOODE, P.C. 700 WALNUT SUITE 1600 DES MOINES, IA 50309	<u>\$Undetermined</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input checked="" type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Disputed	
	Basis for the claim: Litigation Claim, Case No. Case No. 06571 LACV084667	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address GREATAMERICA LEASING CORPORATION PO BOX 660831 DALLAS, TX 75266-0831	<u>\$5,928.18</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: Trade Payable	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address GREEN KEY MARKETS, LLC 5322 YACHT HAVEN GRANDE, BOX 7 ST. THOMAS, 00802 VIRGIN ISLANDS (BRITISH)	<u>\$1,050.00</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: Trade Payable	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address GREG & SHERRYL MORRIS 1501 WILDCAT COURT HUGOTON, KS 67951	<u>\$105,600.00</u>
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: Trade Payable	
	Is the claim subject to offset?	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.22	Nonpriority creditor's name and mailing address	<u>\$4,259.06</u>
	HALO BRANDED SOLUTIONS INC 1980 INDUSTRIAL DRIVE, PO BOX 657 STERLING, IL 61081-0657	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address	<u>\$102,186.00</u>
	ICAP BROKING HOLDINGS NA LLC 4931 CORPORATE CAMPUS DRIVE, SUITE LOUISVILLE, KY 40223	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address	<u>\$107,600.85</u>
	INTERSTATE COMMODITIES, INC. 7 MADISON STREET TROY, NY 12180	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address	<u>\$623.00</u>
	IVG ENERGY, LTD 20 EST GREENWAY PLAZA SUITE 400 HOUSTON, TX 77046	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address	<u>\$26,400.00</u>
	JEFF J. COX 1231 RD 14 HUGOTON, KS 67951	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p>
	Date or dates debt was incurred Undetermined	Is the claim subject to offset?
	Last 4 digits of account number	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Abengoa Bioenergy Trading US, LLC
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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	Nonpriority creditor's name and mailing address	\$13,618.79
KINDER MORGAN LIQUIDS TERMINALS LP 405 CLINTON DR GALENA PARK, TX 77547		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address	\$2,238.20
LEGALSUR, S.L. PASEO DE LAS DELICIAS 4º IZQ. 5 SEVILLA, 41001 SPAIN		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address	\$7,125.00
LMC INTERNATIONAL LTD 1841 BROADWAY, SUITE 611 NEW YORK, NY 10023		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address	\$290.00
MCDONALD PELZ GLOBAL COMMODITIES, 6720 W 121ST STREET, SUITE 102 LEAWOOD, KS 66209		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address	\$2,333.34
MOSCOW AGRI-INDUSTRIES, INC. 838 E. 11TH, PO BOX 578 HUGOTON, KS 67951		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor _____
Name Abengoa Bioenergy Trading US, LLC

Case number (if known) 16-41167 (KAS) _____

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.32	Nonpriority creditor's name and mailing address	<u>\$11,020.00</u>
NAUDEX COMÉRCIO EXTERIOR LTDA HELENA 151 SAO PAULO, 04552-050 BRAZIL		As of the petition filing date, the claim is: <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined Last 4 digits of account number		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address	<u>\$26,400.00</u>
SHANNON CRAWFORD 707 S POLK HUGOTON, KS 67951		As of the petition filing date, the claim is: <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined Last 4 digits of account number		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address	<u>\$12,335.54</u>
SHIPXPRESS INC. 2315 BEACH BLVD, SUITE 104 JACKSONVILLE, IL 62050		As of the petition filing date, the claim is: <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined Last 4 digits of account number		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address	<u>\$Undetermined</u>
SILICON VALLEY BANK C/O LATHROP & GAGE LLP 7701 FORSYTH BLVD. SUITE 500 CLAYTON, MO 63105		As of the petition filing date, the claim is: <i>Check all that apply.</i> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> Basis for the claim: Litigation Claim, Case No. 16SL-CC00464
Date or dates debt was incurred Undetermined Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address	<u>\$165,513.38</u>
SIMOSA IT SA C/ ENERGÍA SOLAR N°1, PALMAS ALTAS. 41014 SEVILLA SPAIN		As of the petition filing date, the claim is: <i>Check all that apply.</i> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> Basis for the claim: Intercompany Payable
Date or dates debt was incurred Undetermined Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37	Nonpriority creditor's name and mailing address	\$30.00
STATE OF INDIANA INDIANA DEPT OF REVENUE INDIANAPOLIS, IN 46206		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check
Date or dates debt was incurred		Is the claim subject to offset?
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address	\$450.94
THE PRINT SOURCE, INC. P. O. BOX 12748 WICHITA, KS 67277-2748		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address	\$7,000.00
THOMAS D WILLIAMSON, DBA 15313 ROSEWOOD LEAWOOD, KS 66224		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable
Date or dates debt was incurred Undetermined		Is the claim subject to offset?
Last 4 digits of account number		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor

Abengoa Bioenergy Trading US, LLC
Name

Case number (if known) 16-41167 (KAS)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**5a. \$ 0.00
+ undetermined amounts**5b. Total claims from Part 2**5b. + \$ 30,346,228.70
+ undetermined amounts**5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ 30,346,228.70
+ undetermined amounts

Fill in this information to identify the case and this filing:

Debtor Name Abengoa Bioenergy Trading US, LLC
United States Bankruptcy Court for the: Eastern District of Missouri
(State)
Case number (If known): 16-44167 (KAS)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule E/F and Summary of Assets and Liabilities
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/24/2017
MM / DD / YYYY


Signature of individual signing on behalf of debtor

Sandra Porras Serrano
Printed name

Chief Financial Officer
Position or relationship to debtor